CITY OF PORTSMOUTH
MOVING AND HAULING PERMIT APPLICATION

TRAFFIC ENGINEERING DEPARTMENT
801 CRAWFORD STREET - PORTSMOUTH, VA 23704
PH: (757) 393-8594 FAX: (757) 393-5087

haulingpermits@portsmouthva.gov

DATE:_____

TYPE OF PERMIT REQUESTED:_____BLANKET_____SINGLE (one way)_____SINGLE (with return trip)

CERTIFICATE OF INSURANCE *in the amount of $500,000 and a copy of state permit (**pages 1 & 2 only**) are required to accompany application. Blanket permits shall be for one particular vehicle only.*

DATE OF MOVE:_____

NAME:_____ PHONE#:_____

ADDRESS:_____ FAX #:_____

CITY/STATE/ZIP_____

ITEM(S) TO BE MOVED:_____ TRAILER LICENSE # _____ LICENSE STATE:_____

TRIP ORIGIN:_____ DESTINATION:_____

(If applicable provide trip origin and/or destination street address)

PREFERRED ROUTE OF TRAVEL: _____

OVERALL SIZE REQUEST

HEIGHT_____FT_____IN WIDTH_____FT_____IN LENGTH_____FT_____IN

WEIGHT REQUEST

NUMBER OF AXLES ON VEHICLE OR VEHICLE COMBINATION: _____

VEHICLE GROSS WEIGHT/VEHICLE COMBINATION/LOAD_____LBS.

SINGLE_____LBS. TRI_____LBS. OTHER AXLE_____LBS.

TANDEM_____LBS. QUAD_____LBS. OTHER AXLE_____LBS.

WHEEL BASE (MEASURE FRONT CENTER AXLE TO REAR CENTER AXLE)_____FT.

The permittee, its agents, employees, officers and assigns assume all responsibility and liability for any injury to persons or damage to public or private property, caused directly or indirectly, by the transportation of vehicles and loads under a permit. Furthermore, the permittee, its agents, employees, and officers hold the City of Portsmouth harmless from any and all claims, demands, actions, judgments, executions, damages or proceedings for any and all personal injury, and injuries to property real or personal, public or private, caused by or arising out of, directly or indirectly, from the transportation of the vehicle and/or load under a permit.

The applicant/driver is responsible for permit accuracy. All routes shall be verified by the applicant/driver as required. Applications that are considered incomplete or have missing information and inaccuracies are NOT guaranteed for processing in time for the requested move.

Printed Name:_____ Signature: _____
Permitting Company: _____

***Note:** Single Trip Permit Applications shall be submitted a **minimum** of two (2) business days prior to move.*
*Blanket Permit Applications shall be submitted a **minimum** of five (5) business days prior to move.*